



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTH TEXAS RADIOLOGY GROUP
8401 DATAPOINT DRIVE SUITE 600
SAN ANTONIO TX 78229

Respondent Name

FACILITY INSURANCE CORP

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-2932-01

MFDR Date Received

MAY 2, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our Physician provided a service to the patient, and reimbursement is expected."

Amount in Dispute: \$171.14

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Requestor asserts that this was emergency treatment, but has failed to present any documentation to substantiate that this lumbar MRI performed nine years after the original injury constituted emergency treatment. Carrier asserts that preauthorization could and should have been obtained prior to rendition of this service. Without preauthorization, reimbursement is not owed for this service."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 25, 2010	CPT Code 72158-26	\$171.14	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600, requires preauthorization for specific treatments and services.
3. 28 Texas Administrative Code §133.2, effective July 27, 2008, 33 TexReg 5701, defines a medical emergency.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 851-000-Payment denied/reduced for absence of precertification/authorization. UMD recommends \$0.00.
- 197-Precertification/authorization/notification absent.

- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 901-Reconsideration no additional payment. Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Does the documentation support that preauthorization was required for CPT code 72158-26? Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier denied reimbursement for the disputed Lumbar MRI based upon "197-Precertification/authorization/notification absent; and 851-000-Payment denied/reduced for absence of precertification/authorization. UMD recommends \$0.00."

The requestor states in the letter requesting reconsideration that "Emergency Room visit cannot be denied for lack of authorization (section 134.600 of TAC 28).."

28 Texas Administrative Code §134.600 (c)(1)(A) and (B), states "The carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur:

(A) an emergency, as defined in Chapter 133 of this title (relating to General Medical Provisions);

(B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care."

28 Texas Administrative Code §133.2 (3) defines "Emergency--Either a medical or mental health emergency as follows: (A) a medical emergency is the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in:

(i) placing the patient's health or bodily functions in serious jeopardy, or

(ii) serious dysfunction of any body organ or part."

The requestor did not submit documentation to support that the services met the definition of emergency per 28 Texas Administrative Code §133.2 (3).

28 Texas Administrative Code §134.600(p)(8)(A) states "Non-emergency health care requiring preauthorization includes: (8) unless otherwise specified in this subsection, a repeat individual diagnostic study: (A) with a reimbursement rate of greater than \$350 as established in the current Medical Fee Guideline."

The 2010 MAR for CPT code 72158 rendered in San Antonio is \$1018.56; therefore, the reimbursement rate is greater than \$350.00.

Review of the submitted documentation finds that the disputed MRI was a repeat MRI; therefore, preauthorization was required per 28 Texas Administrative Code §134.600(p)(8)(A). As a result, reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	07/12/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.